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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000025752

Name and Mailing Address

0001971 01 AT 0.292 **AUTO TO 0 0615 32301-592548



C & M FINANCE, LLC
2548 BLAIRSTONE PINES DR.
TALLAHASSEE FL 32301-5925



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/01/2002	
Principal Place of Business 2548 BLAIRSTONE PINES DR. TALLAHASSEE FL 32301	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 36-4508657	Applied For Not Applicable
8. Name and Address of Current Registered Agent DETERDING, F. MARSHALL ESQ. ROSE, SUNDSTROM & BENTLEY, LLP 2548 BLAIRSTONE PINES DR. TALLAHASSEE FL 32301		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)		400024168874	
		10/27/03--01072--005 **150.00	
City		FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>F. Marshall Deterding</i> Date 10/17/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	F. Marshall Deterding	2548 Blainstone Pines Dr.	Tallahassee, FL 32301

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

F. Marshall Deterding

Date

10/17/03

Daytime Phone #

850-877-6555

Typed or printed name of signing Managing Member/Manager

F. Marshall Deterding

CR2E034 (7/03)